

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/831049**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4		1					54						
5		1					55						
6		2		1			56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		2		1			66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21							71						
22							72						
23							73						
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27							77						
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32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			84				TOTAL IND.						
TOTAL DEP.				17			TOTAL DEP.						
TOTAL CLAIMS			20				TOTAL CLAIMS						